

STATEMENT OF UNDERSTANDING FOR THE
MONTGOMERY G. I. BILL SELECTED RESERVE KICKER
(MGIB-SR KICKER)

1. Eligibility.

a. I am a graduate of a secondary school or I am currently attending a secondary school and expect to graduate, or I am enlisting under the Incremental Initial Active Duty for Training program. I fully understand that I will not become entitled to the initial payment, or any subsequent payment of the MGIB Kicker until such time as I have completed Recruit Training and have been awarded a secondary school diploma. _____ Initial

b. I have been classified with a Test Score Category (AFQT Category) I, II, or III. _____ Initial

c. I have never previously served in any component of the Armed Forces of the United States. _____ Initial

d. I am not enlisting to qualify for a civilian position where membership in the Guard or Reserve is a condition of employment (temporary assignment excluded). _____ Initial

e. I am not enlisting for voluntary assignment to full-time training duty or active duty for training in excess of 90 days in support of the Reserve Program. _____ Initial

f. I understand that I must be eligible for the basic MGIB-SR to receive the "Kicker" incentive. _____ Initial

2. Obligation.

a. I will serve satisfactorily, as prescribed by the appropriate regulations of the United States Marine Corps, for a period of 72 months in the following PMOS _____, RUC _____, City _____, State _____, Unit _____, unless excused for the convenience of the government. _____ Initial

b. If I incur a period of authorized non-availability (as determined by the Commander, Marine Forces Reserve), I will extend my period of service obligation in the SMCR in order to fulfill my 72-month obligation. _____ Initial

c. I further understand that if any of the following occur it will be considered a breach of my obligation and my incentive will be recouped at a prorated amount;

(1) I fail to participate satisfactorily. _____ Initial

(2) I execute a lateral move. _____ Initial

(3) I execute an inter-unit transfer without CMC (RAP) approval. _____ Initial

(4) I transfer to the Individual Ready Reserve. _____ Initial

(5) I perform Active Duty Operational Support with a unit other than my own for a period greater than 90 days. _____ Initial

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(6) I serve as an Individual Augmentee or as an Individual Mobilization Augmentee with a unit other than my battalion or squadron. _____ Initial

(7) I augment to the regular component or the Active Reserve.
_____ Initial

3. Cessation of payments. In the event that my entitlement to this incentive is terminated for any reason prior to fulfillment of my contract or obligation, I will not be eligible to receive any additional bonus payments. If such termination is for unsatisfactory participation including failure to maintain medical and dental readiness, Veterans Administration payments will cease immediately. _____ Initial

4. Payment. I understand that this incentive is a monthly payment of \$350.00 with a full time college enrollment (or its equivalent) is required to receive the entire entitlement. _____ Initial

5. Understanding. I understand each of the statements above and understand that they are intended to constitute all promises or commitments made to me in conjunction with my enlistment. I have been assigned a Kicker Control Number (KCN) _____, and I further understand that without a KCN I am not entitled to this incentive. _____ Initial

PRINTED NAME OF ENLISTEE

SIGNATURE OF ENLISTEE

DATE

PRINTED NAME AND GRADE
OF RECRUITER

SIGNATURE OF RECRUITER

DATE

PRINTED NAME AND GRADE
OF WITNESSING OFFICER

SIGNATURE OF WITNESSING
OFFICER

DATE